

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** School Medical Services Providers  
Managed Care Plans  
Regional Administrators  
CSO Administrators

**Memorandum No. 03-63 MAA**  
**Issued:** August 28, 2003

**For Information Call:**  
1-800-562-6188

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**Subject: School Medical Services: Procedure Code Changes Due to HIPAA Implementation**

**This memo clarifies which procedure codes school medical services providers must use when billing the Medical Assistance Administration (MAA) for services provided to eligible clients during the 2003-2004 school year.**


**Effective for dates of service on and after October 1, 2003**, MAA will discontinue all state-unique coding in compliance with the Health Insurance Portability and Accountability Act (HIPAA). This change requires the use of Current Procedural Terminology (CPT™) and Health Care Financing Administration Common Procedure Coding System (HCPCS) procedure codes and ICD-9 diagnosis codes.

MAA is currently updating the School Medical Services Billing Instructions. These billing instructions will be published as soon as possible.

### **Procedure Code Changes**


**Effective for dates of service September 1, 2003 through September 30, 2003, ONLY**, use the following codes to bill MAA for school medical services provided to MAA clients:

<b>Procedure Code</b>	<b>Description</b>
0110S	Audiology services
0115S	Nursing Services
0120S	Psychological evaluation
0125S	Individual occupational therapy services
0130S	Group occupational therapy services
0135S	Individual physical therapy services
0140S	Group physical therapy services
0145S	Individual speech therapy services
0150S	Group speech therapy services
0155S	Individual counseling
0160S	Group counseling
0170S (see note below)	Direct Service Encounters

 **Note:** Please bill MAA for procedure code 0170S with a zero dollar amount. Reimbursement for billing fees associated with this code will be made through a different payment mechanism. Billing this code creates the database for reimbursement.

**Effective for dates of service on and after October 1, 2003**, use the following codes and modifiers to bill MAA for school medical services provided to MAA clients:

Procedure Code	Modifier	Description
92557	None	Audiology services
T1001	None	Nursing Services
96100	None	Psychological evaluation. <b>(This is a per hour code. Bill 1 unit per 15 min of service provided. You must provide at least 8 minutes of service during a 15 minute period to claim 15 minutes of work or 1 unit.)</b>
T1024	None	Individual occupational therapy services
T1024	HQ	Group occupational therapy services
97799	None	Individual physical therapy services
97799	HQ	Group physical therapy services
92700	None	Individual speech therapy services
92700	HQ	Group speech therapy services
S9445	None	Individual counseling
S9446	None	Group counseling
T1018 (see note below)	None	Direct Service Encounters

 **Note:** Please bill MAA for procedure code T1018 with a zero dollar amount. Reimbursement for billing fees associated with this code will be made through a different payment mechanism. Billing this code creates the database for reimbursement.

Modifier HQ describes services performed in a group setting, and in order to receive appropriate payment for group services, this modifier must be used with the appropriate code.

MAA requests that providers hold their claims for services provided between September 1, 2003, and October 31, 2003, until after November 1, 2003. HIPAA-related changes are not yet fully operational in the Medicaid Management Information System (MMIS). Delaying submission of your claims until November will help prevent the need for claims adjustments. Thank you for your cooperation.

To obtain this memo or MAA's billing instructions electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on the Provider Publications/Fee Schedules link).